



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
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Letter of Disassociation for a Fictitious Name Permit

Registered Fictitious Name _____

Street Address City State Zip

FNP Number _____ Issue Date _____

Dental License Number _____ Daytime telephone _____

I hereby certify that as of the date of _____ I am no longer associated with the office using the above fictitious name. I do not use or plan to use it at my current place of practice.

I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above is correct.

Printed Name _____

Signature _____ Date _____